

STEVEN E. ROSS

Steven E. Ross is a 52 year old police officer with White Lake Charter Township. From 1978 to 1982 he served in the U.S. Navy; the last 2 years as a Master at Arms (Military Police). From 1983 to 1994 Mr. Ross served in the Michigan National Guard. During this period of time, he was called up to active duty and served in Iraq during this country's first Gulf war. He was honorably discharged from the service. Mr. Ross has 31 years of experience in law enforcement when combining his military and civilian experience.

Mr. Ross has been a certified police officer through the State of Michigan since May 1987. He worked for the Plymouth Police Department and Sault Ste. Marie Police Department before becoming employed with the White Lake Charter Township Police Department in January 1989. Mr. Ross also has greater than 6 years experience working as a volunteer firefighter.

On 11/15/03 while on duty, Mr. Ross injured his left shoulder when he tripped over stabilizing wires for a tree while chasing down a prisoner who had escaped from Huron Valley Hospital. He underwent surgery for the condition on 2/20/04 and ultimately returned to unrestricted work duties.

On 12/15/05 Mr. Ross sustained multiple injuries, including injury to his right shoulder when he slipped and fell on a porch while gathering evidence. Again, Mr. Ross returned to his work as a police officer following these injuries.

On 2/22/09 Mr. Ross was dispatched to push a truck from the roadway. In doing so, he sustained injuries to his right and left shoulders. He underwent surgery to the left shoulder on 6/29/09. The right shoulder was operated on 10/12/09. Mr. Ross' treating

orthopedic surgeon has imposed permanent restrictions of no pushing, pulling or lifting of more than 5 pounds with both arms and no repetitive motion involving both arms. An "independent medical examiner" also recommends permanent restrictions for the right shoulder that are somewhat less restrictive. The Township has not been able to accommodate these restrictions.

Following his 2/22/09 injuries, Mr. Ross was voluntarily paid worker's compensation benefits at \$752.00 per week; the State maximum. Unfortunately, even this benefit level was inadequate to allow him and his wife, Kim, to maintain their standard of living. The couple lost their home and are now living in a 28 foot travel trailer parked on a friend's property. Kim works 3 part time jobs (dental assistant, caregiver and house keeper) to try to make ends meet but nets less than \$400.00 weekly.

On 11/14/11 correspondence was sent by the attorney defending Mr. Ross' claim announcing that his weekly worker's compensation would be reduced within the next 30 days "based upon his residual wage earning capacity". The proposed reduction was based solely on an assessment done by a "vocational expert" hired by Meadowbrook Claims Management. Mr. Ross has inquired of the jobs identified by this "vocational expert" but came up dry. Nonetheless, Mr. Ross' worker's compensation benefits were unilaterally slashed from \$752.00 per week to \$175.08 based on "phantom wages" of \$55,000.00 annually. Mr. Ross does not know where to turn.

LAW OFFICES
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LIVONIA, MICHIGAN 48152

RECEIVED
NOV - 4 2011

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STEPHEN C. BOUWKAMP *+
WILLIAM T. BUIE *
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BY:

October 31, 2011

*ALSO ADMITTED IN FLORIDA
+ALSO ADMITTED IN HAWAII

Mr. Matthew Tyler
Attorney at Law
888 West Big Beaver Rd., Ste. 1490
Troy, MI 48084

Re: Steven Ross v White Lake Charter Township/MMLWCF
Our File No: 8844-W


Dear Mr. Charters:

Enclosed is the September 30, 2011, employability and wage earning capacity analysis performed relative to the above entitled matter.

I anticipate that within the next 30 days your client's weekly benefits will be reduced based upon his residual wage earning capacity.

Yours truly,

PARSONS, BOUWKAMP & BUIE, P.C.



WILLIAM T. BUIE

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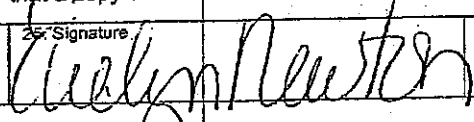
WTB/jp
enclosure

NOTICE OF DISPUTE

Michigan Department of Labor & Economic Growth
Workers' Compensation Agency
P O Box 30016, Lansing, MI 48909

1. Social Security No.	2. Date of Injury 2/22/2009	3. Employee Name (Last, First, MI) Ross, Steven		
4. Employee Address (Street No. and Name) PO Box 662	5. City Highland	6. State MI	7. Zip Code 48356	
8. Employer Name White Lake Charter Township	9. Federal ID No. 386036210			10. Employer Street Address 7525 Highland Road
11. City White Lake		12. State MI	13. Zip Code 48383	
14. Carrier or Self-Insured Name Michigan Municipal League Workers' Compensation Fund	15. NAIC or Self-Insured No. 999090000		16. Zip Code 49546-5939	
17. Service Company/TPA Name (if applicable) Meadowbrook, Inc. dba Meadowbrook Claims Service	18. Service Co./TPA ID No. A35		19. Zip Code	
20. Claim or File No. 101WC0903977	21. County of Injury Oakland			22. County Code (if known)
23. Reason for Dispute A. <input type="checkbox"/> Injury not work related B. <input type="checkbox"/> Medical treatment not related to injury C. <input type="checkbox"/> Further investigation required (please specify below) D. <input type="checkbox"/> Additional information required from employee (please specify below) E. <input type="checkbox"/> Vocational rehabilitation dispute only (please specify below) F. <input checked="" type="checkbox"/> Other (please specify below) As result of recent residual wage earning capacity of \$55,000.00 per year, weekly benefits are being reduced to \$175.08				
Making a false or fraudulent statement for the purpose of obtaining or denying benefits can result in criminal or civil prosecution, or both, and denial of benefits.		Authority: Workers' Disability Compensation Act, R408.33 (1) Completion: Mandatory Penalty: Workers' Disability Compensation Act, 418.631; 418.801; R408.33		

This is to certify that a copy of this form has been mailed or given to the injured employee.

24. Preparer's Name (Please print) Evelyn A. Newton	25. Signature 	26. Telephone No. 800-752-7477 Ext. 4114	27. Date 11/11/2011
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NOTICE TO EMPLOYEE

By filing this form, your employer or its workers' compensation insurance company has indicated to the Workers' Compensation Agency that it has a question or a dispute concerning the possible workers' compensation benefits to which you may be entitled. You may or may not agree with the position taken by the employer or insurance company.

If you feel that you are not receiving the benefits to which you are entitled, you should discuss this with your employer or a representative of its insurance company. If you have already done that or you are not satisfied with the discussion, you may file a formal application for mediation or hearing. You can obtain the appropriate forms or more information by contacting the Workers' Compensation Agency at our toll-free number of 1-888-396-5041 (if necessary, a TTY device is available at 517-322-5987). Additional information may also be found on our website at www.michigan.gov/wca.

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

NOTICE OF COMPENSATION PAYMENTS

Michigan Department of Energy, Labor & Economic Growth
 Workers' Compensation Agency
 P.O. Box 30016, Lansing, MI 48909

FILING # 2**PART A**

1. Social Security Number	2. Date of Injury 2/22/2009	3. Employee Name (Last, First, MI) Ross, Steven	4. Date of Birth 07/25/1959	5. Date of Death
6. Employee Street Address PO Box 662		7. City Highland	8. State MI	9. ZIP Code 48356
10. Employer Name White Lake Charter Township		11. Federal ID Number 386036210	12. Injury Location Code	
13. Employer Street Address 7525 Highland Road		14. City White Lake	15. State MI	16. ZIP Code 48383
17. Carrier or Self-Insured Name Michigan Municipal League Workers' Compensation Fund			18. NAIC or Self-Insured Number 99909000	
19. Service Company/TPA Name (if applicable) Meadowbrook Claims Service			20. Service Company/TPA ID Number A35	
21. ZIP Code of Issuing Office 49546-5939	22. Carrier or Self-Insured Claim Number 101WC0903977	23. Date Carrier Received Notice of Injury 02/22/2009		24. Date First Payment Made 02/23/2009

PART B

25. Nature of Injury Strain	26. Part of Body Shoulders			
27. Average Weekly Wage \$ 1418.53	28. Discontinued Fringes \$ 0	29. Second Employer A.W.W. \$ 0	30. Second Employer Discontinued Fringes \$ 0	
31. Tax Filing Status on Date of Injury C	32. Last Day Worked 2/22/2009	33. Number of Days in Work Week 7	34. Number of Dependents 1	

PART C

35. Reason for Filing B	36. Weekly Compensation Base Rate \$ 752.00			
37. Weekly Adjustments to Base Rate				
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
38. Weekly Amount Being Reimbursed by a Fund (Not reported on line 37)				
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

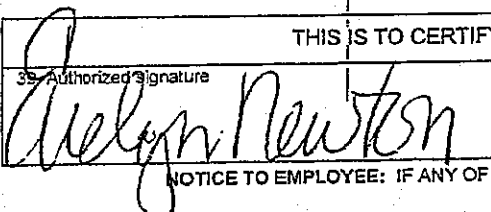
PART D

BASIS OF PAYMENT	BENEFIT TYPE	SPECIAL PAYMENT	TOTAL WEEKLY RATE	FROM	THROUGH	TOTAL AMOUNT PAID	YEAR PAID	TERMINATION REASON
A	A		752.00	01/11/2011	11/13/2011	34,054.86	2011	
A	B		VARIES	11/14/2011				

IF BASIS OF PAYMENT IS OTHER THAN "A" (VOLUNTARY PAYMENT) OR LINE 37 IS EQUAL TO "J" OR "K," ENTER ORDER # _____
 IF BENEFIT TYPE IS "C" (SPECIFIC LOSS), ENTER NUMBER OF WEEKS _____ AND EFFECTIVE DATE OF LOSS ____/____/____
 IF ANY FILING CODES ON THIS FORM REPRESENT "OTHER," PLEASE BE SPECIFIC FORM 107 FILED _____

Making a false or fraudulent statement for the purpose of obtaining or denying benefits can result in criminal or civil prosecution, or both, and denial of benefits.

THIS IS TO CERTIFY THAT A COPY OF THIS FORM HAS BEEN MAILED OR GIVEN TO THE EMPLOYEE

39. Authorized Signature 	40. Person Handling Claim (Please Print) Evelyn A. Newton	41. Telephone Number 800-752-7477 Ext. 4114	42. Date 11/11/2011
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NOTICE TO EMPLOYEE: IF ANY OF THE ABOVE INFORMATION IS INCORRECT, PLEASE CONTACT THE INDIVIDUAL NAMED IN SPACE 40.